

ANNUAL REPORT

FISCAL YEAR ENDING JUNE 30, 2006

LICENSEES ENGAGED IN THE BUSINESS OF CASHING CHECKS

IN THE STATE OF TENNESSEE

READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS REPORT

This form must be completed for each licensed office, unless a company or affiliate operates more than one licensed office in this state, in which case this report should be filed on a composite basis.

REPORTING ENTITY

1. Name of Licensee _____ Licensee Number: _____
2. Provide the address and telephone number of all places of business operated by the licensee and describe the nature of the business conducted at each location.
3. Business Type:
a) _____ Corporation b) _____ Partnership c) _____ Proprietorship d) _____ Limited Liability Company
e) Other: _____

SCHEDULE B

STATEMENT OF INCOME AND EXPENSES

FOR THE PERIOD FROM JULY 1, 2005 TO JUNE 30, 2006

INCOME

- | | | |
|----|---------------------------------|-------|
| 1. | Charges Collected and/or Earned | |
| 2. | Other Income (Itemize) | _____ |
| | (a) | _____ |
| | (b) | _____ |
| | (c) | _____ |
| 3. | Total Operating Income | ===== |

EXPENSES

- | | | |
|-----|---|-------|
| 4. | Advertising | _____ |
| 5. | Auditing | _____ |
| 6. | Bad Debts | _____ |
| | (a) Charge-Offs | _____ |
| | (b) Deduct: Collections on Accounts
Previously Charged Off | _____ |
| | (c) Additions to Reserve for Bad
Debts | _____ |
| 7. | Depreciation Expense | _____ |
| 8. | Insurance and Fidelity Bonds | _____ |
| 9. | Legal Fees and Disbursements | _____ |
| 10. | Postage, Printing, Stationery &
Supplies | _____ |
| 11. | Rent, Janitorial Services and
Utilities | _____ |
| 12. | Salaries of Officers, Owners, Partners | _____ |
| 13. | Salaries of all other Employees | _____ |
| 14. | Taxes-Other Than on Income | _____ |
| 15. | License Fees | _____ |
| 16. | Telephone/Fax | _____ |
| 17. | Travel Auto Expense & Allowance | _____ |
| 18. | Supervision & Administration
(were not allocated to other items) | _____ |
| 19. | Other Expenses | _____ |
| | (a) | _____ |
| | (b) | _____ |
| | (c) | _____ |
| 20. | Interest Paid on Borrowed Funds | _____ |
| 21. | Total Expenses Before Income Taxes
(Total Items 4 through 20) | ===== |

Continued on next page

22. Income Before Income Taxes
(Item 3 less Item 21)

23. Income Taxes

(a) State

(b) Federal

24. Total Expenses (Item 21 plus Item 23)

25. Net Income (Item 3 less Item 24)

End of Schedule B

SCHEDULE C
BALANCE SHEET
JULY 1, 2006

ASSETS

1. Cash		_____
2. Cash in Bank		_____
3. Other Cash		_____
4. Accounts Receivable		_____
5. Securities		_____
6. Government Obligations		_____
7. Life Insurance on Officers, Stockholders, Business Owners		_____
8. Prepaid Expenses		_____
9. TOTAL CURRENT ASSETS		_____
10. Furniture, Fixtures & Equipment	_____	
(a) Less accumulated depreciation	_____	_____
11. Buildings	_____	
(a) Less accumulated depreciation	_____	_____
12. Land		_____
13. Leasehold Improvements	_____	
(a) Less accumulated depreciation	_____	_____
14. TOTAL FIXED ASSETS		_____
15. Other Assets	_____	
16. TOTAL OTHER ASSETS		_____
17. TOTAL ASSETS (Total Items 9, 14 and 16)		=====

Continued on next page

LIABILITIES

18. Accounts Payable _____
19. Accrued Payroll Costs _____
20. Rent Payable _____
21. Taxes Payable _____
22. Mortgages, Bonds, Notes Payable
(Short Term: Less than 12 months)
- (a) Banks _____
- (b) Current Portion of Long Term Bonds
 And Notes, Payable this Year _____
23. Other Current Liabilities _____
24. TOTAL CURRENT LIABILITIES _____
25. Mortgage, Bonds, Notes Payable
(Long Term: More than 12 months)
- (a) Banks _____
- (b) Long Term Bonds and Notes Payable _____
26. Other Long-Term Liabilities _____
27. TOTAL LONG TERM LIABILITIES _____
28. TOTAL LIABILITIES (Total Items 24 and 27) _____

NET WORTH

29. Capital (if corporation _____ number)
 shares issued and outstanding) _____
30. Paid-in Surplus _____
31. Total Contributed Capital _____
32. Retained Earnings:
- (a) Balance (July 1, 2005) _____
- (b) Add Total Net Income _____
- (c) Deduct Distributions _____
- (d) Balance (June 30, 2006) _____
33. TOTAL NET WORTH _____
34. TOTAL NET WORTH & LIABILITIES
 (Total Items 28 and 33) _____

End of Schedule C

SCHEDULE D

ANALYSIS OF REGULATED CHECK CASHING BUSINESS ACTIVITY

1. Total Number of Checks Cashed From
July 1, 2005 through June 30, 2006: _____
2. Total Number of Checks Charged-Off
From July 1, 2005 through June 30, 2006: _____
3. Distributions of Transactions

Number of Checks Cashed Per Category:

Face Amount of the Check:	(Government Check)	(Personal Check)	(Other)	Total
(a) \$1000 or less	_____	_____	_____	_____
(b) Greater than \$1000	_____	_____	_____	_____

AFFIDAVIT

STATE OF _____

COUNTY OF _____

I, _____, the undersigned being the
_____ of the _____,
licensee swear (or affirm), that to the best of my knowledge and belief the statements contained in this report,
including the accompanying schedules and statements (if any) are true and that the same is a true and complete
statement in accordance with the law.

Subscribed and sworn to before me this _____ day of _____ A. D. _____

My commission expires _____